

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	03/04/2018 09:14
Date Of Accident	31/03/2018 11:35
Exact Location Of Accident	UPPER SERANGOON RD & HOUGANG AVE 4
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU8228E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIANG YANRAN
NRIC No	S8424278J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82229655
Alternative Phone No	Office-82229655

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA 180
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800006567
Cover Note Number	

### Driver

Name of Driver	FU WEIJIE
NRIC No	S8319042F
Date Of Birth	16/06/1983
Occupation	INDOOR
Date Of Driving Pass	09/09/2003
Driving Experience	14 YEARS AND 6 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-91082205
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 271A PUNGGOL WALK #07-503
Postcode	821271
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	Name: : LIANG YANRAN Gender: : Female
Passenger 2	Name: : CARA FU LIYUAN Gender: : Female

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

I WAS TRAVELLING ALONG THE EXTREME RIGHT LANE OF UPPER SERANGOON ROAD. VEHICLE IN FRONT OF ME STOPPED AND I FOLLOWED SUIT. THE TRAFFIC LIGHT TURN RED. AFTER CHECKING THAT THE LANE ON MY LEFT WAS CLEARED, I THEN MOVED OUT TOWARDS MY LEFT. AS I WAS IN THE MIDDLE OF THE YELLOW BOX, IN ORDER NOT TO OBSTRUCT TRAFFIC. SUDDENLY, VEHICLE B BEAT THE RED LIGHT AND OVERTOOK MY VEHICLE AND HIT ONTO MY FRONT LEFT PORTION.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLB1952T
Vehicle Make/Model/Colour	

Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

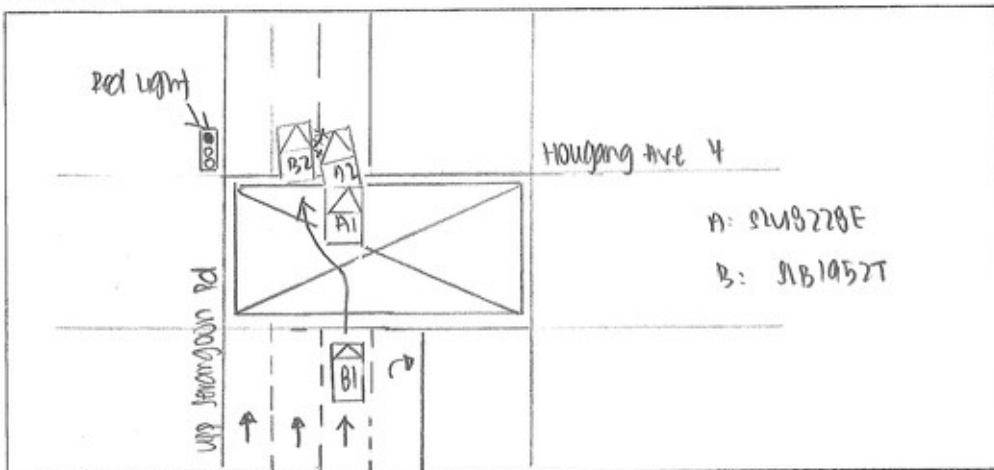
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

DRAGN SketchPlanForm\_v23

New Hoco Tree

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along the extreme right lane of upper Serangoon Rd. vehicle in front of me stopped and I followed suit.


Then traffic light turn red. After checking that the lane on my left was cleared, I then moved out towards my left as I was in the middle of the yellow box in order not to obstruct traffic.

Suddenly, vehicle B beat the red light and overtook my vehicle and hit on to my front left portion.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature  
 Date & Time:

  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

Identification Card

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8424278J**



Name

**LIANG YANRAN**

**梁 嫣 然**

Race

**CHINESE**

Date of birth

**26-08-1984**

Sex

**F**

**S8424278J**

Country/Place of birth

**SINGAPORE**



5442057



NRIC No. **S8424278J**



Date of issue

**24-03-2015**

Address

**APT BLK 271A PUNGGOL WALK  
#07-503  
SINGAPORE 821271**

Identification Card

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8319042F**



Name

**FU WEIJIE**

Race

**CHINESE**

Date of birth

**16-06-1983**

Sex

**M**

**S8319042F**

Country/Place of birth

**SINGAPORE**



5183895



NRIC No. **S8319042F**



Date of issue

**19-06-2013**

Address

**APT BLK 271A PUNGGOL WALK  
#07-503  
SINGAPORE 821271**

Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of a man

Licence Number: **S8319042F**  
Name: **FU WEIJIE**

Birth Date: **16 Jun 1983**  
Issue Date: **09 Sep 2003**

Barcode: 000825871B

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
<b>Class 3</b> Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	<b>09 Sep 2003</b>

NP 428A





## INSURANCE



## CERTIFICATE OF INSURANCE

## MERCEDES-BENZ MOTOR INSURANCE - PRIVATE VEHICLE

Name of Policyholder : LIANG YANRAN  
 Period of Insurance : 23 Jan 2018 To 22 Jan 2019  
 Engine No. : 27091031494192  
 Chassis No. : WDD1173422N603179

Vehicle No. : SLU8228F  
 Policy No. : 1800006567  
 Endorsement No. :  
 Issued Date : 26 Jan 2018

## ABOUT THE COVER

Make/Model : MERCEDES Benz CLA180 Coupe  
 Engine Capacity/Tonnage : 1,595.00 CC Sum Insured : Market Value First Year of Registration : 2018  
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes

## Person or Classes of Persons Entitled to Drive\*

a) The Policyholder;  
 b) Any other person who is entitled to drive the Policyholder's order or with his/her permission.  
 This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.  
 You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YICR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

## Limitation as to use\*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.  
 This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

## Loss of Use 200000

\* Licences issued in accordance by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be insured under these headings.

## EXCESS

Section 1  
 Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2  
 Property Damage - \$0

Windscreen - \$100

## Named Driver and Excess (where applicable)

LIANG YANRAN - \$800 (Own Damage)

## APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Euro Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 406590 67412038  
 2. Pandan Loop Service Center - Body Care & Repair (For accident report & accident reporting) Add: 163 Pandan Loop Singapore 128176 67770310

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6335 6203. Alternatively, you may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

## IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Daihatsu Financial Services Africa & Asia Pacific Ltd

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia).

0634612260

CYCLE & CARRIAGE - ATAY

239 ALEXANDRA ROAD

SINGAPORE 159230

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORIZED REPRESENTATIVE

386738

70 Selegie Road #07-16 AIG Building S0791201 T +65 6419 3000 / F +65 6415 3723 | [www.aig.com.sg](http://www.aig.com.sg)

AIG Asia Pacific Insurance Pte. Ltd.

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

